

HENRIETTA HIGH SCHOOL
STUDENT ENROLLMENT FORM
School Year 2018-2019

Locker # _____

GRADE as of 2018-2019 _____

Date First Attending: Aug. 16th, 2018

Student School ID #: _____

STUDENT'S LEGAL NAME

STUDENT'S IDENTIFICATION

First _____ M _____ Last _____ Gender: M - F SS# _____

Birth Date: _____ Birth Place: _____ Age (Sept. 1st, 2018) _____

Physical Address: _____ Student Phone: _____

Mailing Address: _____ Student Email: _____

Will your child be using bus transportation to get to school? Yes No

PARENT OR GUARDIAN INFORMATION

Student Resides with _____ Legal Guardian Code _____
1 Both Parents 2 Mother-Stepfather 3 Father- Stepmother 4 Mother Only 5 Father Only 6 Other Guardian 7 Self 8 Foster Parent

1. Guardian: _____ Relation: _____ 2. Guardian: _____ Relation: _____

Address: _____ Address: _____

City, St, Zip: _____ City, St, Zip: _____

Employer: _____ Employer: _____

Cell Ph: _____ Hm Ph: _____ Wk. Ph: _____ Cell Ph: _____ Hm Ph: _____ Wk Ph: _____

Email: _____ Email: _____

Emergency Contact _____ Relation: _____ Cell Ph: _____ Hm Ph: _____ Wrk P _____
(If other than Parents)

Physician Name: _____ Phone Number: _____

ADDITIONAL INFORMATION

Other Family Members (under 18 years of age) _____

Parent/Guardian Signature _____ Date: _____

Birthdate of Person Signing Above (TEA Required) _____

CIRCLE YES OR NO ON ALL THAT APPLY

1. Are there any legal restrictions regarding this student? Yes or No
If yes, explain custody guidelines: _____
2. Has your child ever been enrolled in special classes? (Special Ed, 504, ESL, GT, Dyslexia) Yes or No
If yes, explain: _____
3. Has your child ever been retained in any grade level? Yes or No
If yes, explain: _____
4. Is one parent/guardian currently serving in the military? (Active Duty, Reserve, National Guard) Yes or No
If yes, explain: _____

PREVIOUS SCHOOL ENROLLMENT FORM

Please fill out the following information on the school in which you were most recently enrolled.

Student: _____ Date of Birth: _____

Previous School Attended: _____

School's Address: _____

School's Phone: _____ Fax: _____

Last Grade Completed: _____ Dates of Enrollment: _____

Please check if you were enrolled in any of these special programs:

special education

504

gifted and talented

ESL

Where you ever retained in a grade? _____ If yes, what grade did you repeat? _____

Please list any STAAR EOC Tests that you have taken but not passed. We will make sure you have a chance to retest at the next opportunity. _____

Where you placed in an alternative education program at any time during the previous school year? _____

Where you expelled from school at any time during the previous school year? _____

Are you currently on parole, probation, deferred prosecution or other conditional release? _____

Are you currently in the custody or care of the Department of Family and Protective Services? _____

FOR SCHOOL OFFICE USE ONLY

Records requested by FAX or TREX (circle one)

1st request _____ 2nd request _____ 3rd request _____ 4th request _____ 5th request _____

Henrietta High School

1700 E. Crafton ♦ Henrietta, Texas 76365
Phone: 940-720-7930 ♦ Fax: 940-538-7535

Request for Records

The following student has enrolled in our district. Please send the following records at your earliest convenience.

Student: _____ Date of Birth: _____

Previous School Attended: _____

School's Address: _____

School's Phone: _____ Fax: _____

Last Grade Completed: _____ Dates of Enrollment: _____

Please send the following records at your earliest convenience:

- | | |
|---|--|
| <input type="checkbox"/> Transcripts and Report Cards | <input type="checkbox"/> Attendance Records |
| <input type="checkbox"/> List of Courses and Grades at Time of Withdrawal | <input type="checkbox"/> Discipline Records |
| <input type="checkbox"/> Test Data / Standardized Test Score Reports | <input type="checkbox"/> Immunization / Health Records |
| <input type="checkbox"/> Special Education Records / IEP If Applicable | <input type="checkbox"/> Sports Physical Documentation |
| <input type="checkbox"/> 504 Plan & Documentation If Applicable | <input type="checkbox"/> Copy Of Social Security Card |
| <input type="checkbox"/> Gifted & Talented Records If Applicable | <input type="checkbox"/> Copy Of Birth Certificate |
| <input type="checkbox"/> ESL Records If Applicable | <input type="checkbox"/> Copy Of Earliest Home Language Survey |

Please fax or e-mail to:

Henrietta High School
1700 E. Crafton
Henrietta, TX 76365

Phone: 940-720-7930

Fax: 940-538-7535

E-mail: kim.tyler@henrietta-isd.net

Thank you for your prompt attention,

Kim Tyler
Registrar

1st request _____ 2nd request _____ 3rd request _____ 4th request _____ 5th request _____

HENRIETTA ISD 2018-2019 Application for Transfer

This section to be completed by campus:

Student's Name (Last, First, MI)	Date of Birth	Student's ID Number (SS#)	Student in District Last Year		Ethnic Code (see key below)	Sending Co. District Number	Exemption /Hardship Code	Student's 2017-2018 Grade Level	Receiving Campus Number	Campus Administrator's Verification and recommendation of approval (please Initial)	Date Approved
			Yes	No							

Ethnic Code Key:

- (1) American Indian or Alaskan Native
- (2) Asian or Pacific Islander
- (3) Black, not Hispanic
- (4) Hispanic
- (5) White, not Hispanic

Exemption/Hardship Codes:

- (A) – Courses for Graduation
- (B) – Senior who has been here 2 years
- (C) – No Child Care Facility in Home District
- (D) – Student's Safety is at Risk
- (E) – Parent is employed by Receiving District
- (F) – Student's Home in Closer to receiving Campus
- (G) – Transferring to a Regional Day School for Deaf
- (H) – Special Education Student
- (I) – Grade Level not offered in Home District
- (J) – Student does not qualify for other exemptions

This section must be completed by parent or guardian:

I have read and understand the Henrietta Transfer Agreement available on the Henrietta website. I understand that a printed copy is available from the District Administration office at my request. I have been informed of the receiving district's policy concerning tuition charges, if any, for a transferred student whose grade is taught in the student's district of residence, and I accept responsibility for the payment of tuition.

Printed Name _____ Signature _____
 Street Address _____ Date _____
 Mailing Address _____
 City, State, Zip _____ Are you an employee of HISD? Yes _____ No _____
 Telephone No. _____

This section must be completed by the receiving district superintendent:

The above transfer(s) was approved / disapproved on this _____ day of _____ 20_____.

Typed Name of Receiving District Superintendent Jeff McClure	Signature 	Telephone 940-720-7900 Henrietta ISD 1801 E Craffon Henrietta, TX 76365
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MEDICAL RELEASE INFORMATION

I hereby authorize the person(s) listed as EMERGENCY CONTACTS and DOCTOR to be notified at the school's discretion and do authorize the named doctor/emergency doctor to render such treatment as may be deemed necessary in an emergency, for the health of said child. I further assume the responsibility for payment of any professional emergency services required.

Student Signature

Parent/Guardian Signature

Date

.....
FIELD TRIP PERMISSION

I hereby consent to the designated personnel of the Henrietta ISD for my child to participate in field trips, short excursions, vocational or any other type of school-related activities during this school year that a professional school employee may deem necessary for educationally/instructionally related experiences. I further consent to medical treatment for my child in the event medical attention becomes necessary while on a field trip. This authorization includes the authority to sign releases on my behalf for medical services

Student Signature

Parent/Guardian Signature

Date

.....
PESTICIDE NOTIFICATION

Henrietta ISD periodically applies pesticides at each campus. A notification will be posted at the front entrance 48 hours prior to each treatment. Information concerning these applications may be obtained from George Essler (720-7549)

Student Signature

Parent/Guardian Signature

Date

.....
DRUG-FREE SCHOOLS

The Henrietta Independent School District believes that student use of alcohol and illicit drugs is both wrong and harmful. Consequently, the District has established a Student Code of Conduct that prohibits the use, sale, possession, and distribution of alcohol and illicit drugs by students on school premises or as part of any school activity, regardless of its location. Compliance with this Code of Conduct is mandatory, and students shall be disciplined if they are found to have violated this Code of Conduct.

The District's policies and its Student Code of Conduct provide a range of disciplinary sanctions for alcohol- and drug-related offenses. Students may be suspended or expelled; in addition, they may be referred to appropriate law enforcement officials for criminal prosecution. Procedural requirements for the imposition of suspension and expulsion are set out in the District policies. Elementary parents/students should contact the building principal for access to a copy of these policies for review. Secondary parents/students should consult the Student Code of Conduct for review for these policies.

Depending on the nature and severity of a drug- or alcohol -related offense, a student may be required to complete an appropriate rehabilitation program at parent expense either in lieu of or in addition to other school discipline. The principal or counselor of your school can provide you with information about rehabilitation and re-entry programs that are available in our community or within reasonable access of our community.

My child and I have read the District's notice regarding drug-free schools and understand that my child will be subject to school discipline as outlined in the Student Code of Conduct, which prohibits the use, possession, sale, or distribution of illicit drugs and alcohol on school premises or at any school activity.

Student Signature

Parent/Guardian Signature

Date

Model Notification of Rights under FERPA for Elementary and Secondary Schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

(1) The right to inspect and review the student's education records within 45 days of the day the School receives a request for access.

Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.

(2) The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate, misleading, or otherwise in violation of the student's privacy rights under FERPA.

Parents or eligible students who wish to ask the School to amend a record should write the School principal [or appropriate school official], clearly identify the part of the record they want changed, and specify why it should be changed. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.

(3) The right to privacy of personally identifiable information in the student's education records, except to the extent that FERPA authorizes disclosure without consent.

One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has outsourced services or functions it would otherwise use its own employees to perform (such as an attorney, auditor, medical consultant, or therapist); a parent or student serving on an official committee, such as a disciplinary or grievance committee; or a parent, student, or other volunteer assisting another school official in performing his or her tasks.

A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.

[Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll, or is already enrolled if the disclosure is for purposes of the student's enrollment or transfer. [NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or student of the records request unless it states in its annual notification that it intends to forward records on request.]

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

Family Policy Compliance Office
U.S. Department of Education
400 Maryland Avenue, SW
Washington, DC 20202

[NOTE: In addition, a school may want to include its directory information public notice, as required by § 99.37 of the regulations, with its annual notification of rights under FERPA.]

Henrietta High School

Michael W. Smiley, PRINCIPAL
1700 E. Crafton
Henrietta, Texas 76365
(940) 720-7930 FAX(940) 538-7535

To: Henrietta High School Parents
From: Henrietta Independent School District
Reference: Annual Notification of Rights under FERPA

Texas school districts are required to notify parents at least once a year of their rights under FERPA.

You may get a copy of these rights from the office upon request. They are available in Spanish if needed. You can also read them online.

Please sign below and have your student return it to the office to document that you have been made aware of this information.

Thank you,

Student Name

Parent Signature

Date

Henrietta High School

Michael W. Smiley, PRINCIPAL
1700 E. Crafton
Henrietta, Texas 76365
(940) 720-7930 FAX(940) 538-7535

Dear High School Parents,

Your child has requested access to the Henrietta ISD network, and your permission is needed in order to grant this access. Getting access to the Henrietta ISD computer system allows your child to communicate with other schools, colleges, organizations and individuals around the world through the Internet and other electronic information systems/networks. Through the Henrietta ISD electronic communications system, your child will have access to hundreds of databases, libraries and computer services all over the world.

With this educational opportunity also comes responsibility. It is important that you and your child read the Henrietta ISD policy, administrative regulations, and agreement form, and then discuss these requirements together. Inappropriate system use will result in the loss of the privilege to use this educational tool.

Please note that the Internet is an association of diverse communication and information networks. It is possible that your child may run across areas of adult content and some material you might find objectionable. While Henrietta ISD will take reasonable steps to prevent access to such material and does not encourage such access, it is not possible for us to absolutely prevent such access.

Please return the attached agreement form indicating your permission or denial of permission for your child to participate in the Henrietta ISD electronic communication system. The Henrietta ISD policy may be viewed at www.henrietta-isd.net, or you may receive a hard copy from the office if you do not have access to the Internet.

Sincerely,

Michael Smiley
Principal

Participation in an Electronic Communication System

Student Agreement Form Henrietta Independent School District

Student Name: _____ Grade _____ Student ID No. _____

I have read the Henrietta ISD "Electronic Communication, Data Management and Internet Acceptable Use Policy" and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of system access.

Signature of Student _____ Date _____

STUDENT'S PARENT OR GUARDIAN

I have read the Henrietta ISD "Electronic Communications, Data Management and Internet Acceptable Use Policy". In consideration for the privilege of using the Henrietta ISD electronic communications system, and in consideration for having access to the public networks, I hereby release the District, its' operators, and any institutions with which they are affiliated from any and all claims and damages of any nature arising from my child's use of, or inability to use, the system, including, without limitation, the type of damage identified in the Henrietta ISD policy and administrative regulations.

Please indicate your choice(s) below (either A, B, or C):

A. I give permission for my child to participate in ALL areas of the District's electronic communications system and certify that the information contained on this form is correct.

OR

B. I DO NOT give permission for my child to participate in the District's electronic communications system.

OR

C. I give Limited permission for my child to participate in the District's electronic communications system and certify that the information contained on this form is correct. (Please indicate whether or not you give permission for each action by writing yes or no on the line before each section.)

My child may participate in Instructor led research and communication activities on the Internet.

My child may participate in doing research and communications activities on the Internet.

My child may participate in interactive lessons on the Internet.

My child's written or artistic work may be published on the school's web site or educational sites on the Internet.

My child's picture may be published on the school's web site.

My child's name may be published on the school's web site.

Other: _____

Signature of Parent or Guardian: _____

Home Address: _____

Date: _____ Home Phone Number: _____

Exhibit 1A Student/Staff Ethnicity and Race Data Questionnaire in English

**Texas Education Agency
 Texas Public School Student/Staff Ethnicity and Race Data Questionnaire**

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

Part 1. Ethnicity: Is the person Hispanic/Latino? (Choose only one)

- Hispanic/Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- NotHispanic/Latino**

Part 2. Race: What is the person's race? (Choose one or more)

- American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

 Student/Staff Name (please print)

 (Parent/Guardian)/(Staff) Signature

 Student/Staff Identification Number

 Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

- _____ Hispanic / Latino
- _____ NotHispanic/Latino

Race – choose one or more:

- _____ American Indian or Alaska Native
- _____ Asian
- _____ Black or African American
- _____ Native Hawaiian or Other Pacific Islander
- _____ White

Observer signature:

Campus and Date:

Texas Education Agency – March 2018

Exhibit 1B Student/Staff Ethnicity and Race Data Questionnaire in Spanish

Agencia de Educación de Texas	
Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas	
<p>El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).</p> <p>Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.</p> <p>Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).</p>	
<p>Parte 1. Etnicidad: ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)</p> <p><input type="checkbox"/> Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.</p> <p><input type="checkbox"/> No Hispano/Latino</p>	
<p>Parte 2. Raza. ¿Cuál es la raza de la persona? (Escoja uno o más de uno)</p> <p><input type="checkbox"/> Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo América Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.</p> <p><input type="checkbox"/> Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.</p> <p><input type="checkbox"/> Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.</p> <p><input type="checkbox"/> Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.</p> <p>Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.</p>	
<p>_____ Nombre del Estudiante/Miembro de Personal (por favor use letra de imprenta)</p> <p>_____ Número de Identificación del Estudiante/Miembro del personal</p>	<p>_____ Firma (Padre/Representante legal) /(Miembro de personal)</p> <p>_____ Fecha</p>
<p>This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.</p>	
<p>Ethnicity – choose only one: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Not Hispanic/Latino</p>	<p>Race – choose one or more: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White</p>
<p>Observer signature:</p>	<p>Campus and Date:</p>
<p>Agencia de Educación de Texas – Marzo 2018</p>	

**Notice Regarding Directory Information and
Parent's Response Regarding Release of Student Information**

Certain information about district students is considered directory information and will be released to anyone who follows the procedures for requesting the information unless the parent or guardian objects to the release of the directory information about the student. If you do not want HJH to disclose directory information from your child's education records without your prior written consent, you must notify the district in writing.

For the following school-sponsored purposes: HHS has designated the following information as directory information:

- Student's name
- Address
- Telephone listing
- E-mail address
- Photograph
- Date and place of birth
- Degrees, honors, and awards received
- Dates of attendance
- Grade level
- Participation in officially recognized activities and sports
- Weight and height, if a member of an athletic team
- Enrollment status
- Student identification numbers or identifiers that cannot be used alone to gain access to electronic education records

Directory information identified only for limited school-sponsored purposes remains otherwise confidential and will not be released to the public without the consent of the parent or eligible student.

Parent: Please circle one of the choices below:

I, parent of _____ (student's name), **(do give) (do not give)**
the district permission to use the information in the above list for the specified school-sponsored purposes.

Parent signature _____ Date _____

**Henrietta Independent School District
 Parental Consent for Random Drug Testing Program
 For Extracurricular / Co-curricular Activities and Parking Lot Privileges**

I, _____ as a parent or guardian of _____, a student enrolled in Henrietta Jr. / Sr. High School hereby agree to the following:

I understand the school district's policy regarding substance abuse. I understand that it is the practice of the District to conduct random drug tests during the school year as a part of this policy.

I understand that my child may be selected and a urine sample (hereafter "sample") will be collected and tested for illegal drugs. I understand that giving a sample, when requested by the District, is a condition of my child's participation in extracurricular / co-curricular activities, and the privilege of parking on campus. I understand that if a test of my child's sample reveals an unexplained presence of a controlled substance, the district will implement the steps associated with the random drug testing policy, student handbook, and student code of conduct, as applicable.

Prescription medications currently being taken as prescribed:

Medication	Prescription Number	Physician

Medication	Prescription Number	Physician

Comments:

The aforementioned student will participate in the Random Drug Testing Policy of Henrietta ISD in the following manner:
 (Please check the appropriate participation)

- Participates in extracurricular / co-curricular activities
- Parks on campus parking lot
- Parental request for students not in the pool for the above criteria.

 Parent / Guardian Signature

 Date

 Printed Name

Henrietta High School

Student Residency Questionnaire

Name of Student: _____
Last
First
Middle

Sex: Male or Female (Please Circle) Age: _____ Grade: _____

Birth Date: _____/_____/_____
Month
Day
Year
Social Security #: _____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 1143a(2). The answers to this residency information help determine the services the student may be eligible to receive.

“X” all boxes below that best describe where the student sleeps at night, leave those blank that do not apply:

	In a home that the student’s parent or legal guardian owns or rents (C189=0)
	In a place that does not have windows, doors, running water, heat, electricity, or is overcrowded (C189=3)
	Staying with a friend or relative because of loss of housing, economic hardship, or a similar reason (C189=2) <small>(Examples: eviction, foreclosure, fire, flood, lost job, divorce, domestic violence, kicked out by parents, ran away from home)</small>
	In a shelter (C189=1) <small>(Examples: living in a family shelter, domestic violence shelter, children/youth shelter, FEMA housing)</small>
	In an unsheltered location, such as <ul style="list-style-type: none"> • a tent • a car or truck • a van • an abandoned building • on the streets • at a campground • in the park • in a bus or train station • other similar place <small>(C189=3)</small>
	In a hotel or motel because of loss of housing or economic hardship (C189=4)
	In a transitional housing program (C189=1) <small>(Housing that is available as part of a program for a specific length of time only and is partly or completely paid for by a church, a nonprofit organization, governmental agency, or another organization)</small>
	The student does no sleep in any of the places described above. Tell below where the student does sleep:

Henrietta High School Student Residency Questionnaire

	The student sleeps here because of a natural disaster. "X" the type of disaster below and provide the request information:
_____	Hurricane (name of hurricane: _____)
_____	Flood
_____	Tornado
_____	Wildfire
_____	Other (please describe: _____)
Date the natural disaster took place: _____	
Where the natural disaster took place, including county: _____	

Signature of Person Providing Information
 Parent/Legal Guardian/Caregiver/Unaccompanied Student

Date

For School Use Only

I certify the above named student qualifies for the Child Nutrition Program under the provisions of the McKinney-Vento Act.

McKinney-Vento Liaison Signature

Date

Henrietta Independent School District

“Exemplary In All Endeavors”

Family Survey			
Date _____			
Dear Parents,			
In order to better serve your children, the _____ school district would like to identify students who may qualify to receive additional educational services. The information provided below will be kept confidential. Please answer the following questions and return this survey form to your child's school.			
Or, if you prefer, for more information, call: Region 9 Education Service Center 940-322-6928			
1. Have you moved within the last 3 years? Yes _____ No _____			
If yes, from: _____ to _____ (city, state, or country) (city, state, or country)			
2. Have you done agricultural or fishing related work since your move? Yes _____ No _____			
_____ Agriculture/Farming	_____ Livestock/horses/cows/goats	_____ Chickens	
_____ Fishing/shellfish	_____ Dairy	_____ Nursery	
_____ Processing (factory)	<i>If you answered "yes" to the questions above, an education representative may contact you to find out whether your child is eligible for additional educational services. Please provide the following information:</i>		
Name of child:	Age:	D.O.B.	Grade
Address:			
Parent/Guardian Name:		Telephone Number:	

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Please fax to Region 9 ESC if questions 1 & 2 have been answered "yes". 940-767-3836

Henrietta Independent School District

“Exemplary In All Endeavors”

ENCUESTA DE FAMILIA	
Fecha _____	
Estimados padres,	
Para mejorar los servicios educativos de sus hijos, el distrito escolar de _____ quisiera identificar estudiantes que puedan calificar para recibir servicios educativos adicionales. Toda la información proporcionada será mantenida confidencial. Favor de responder a las siguientes preguntas y devolver esta forma a la escuela de su niño/a. O, si prefiere, para más información, llame a: Region 9 Education Service Center 940-322-6928	
1. ¿Ha cambiado de residencia usted o alguien en su familia dentro de los últimos tres años? Sí _____ No _____ De _____ ha _____ (ciudad, estado, o país) (ciudad, estado, o país)	
2. ¿Ha trabajado en la agricultura o en la pesca? Sí _____ No _____ _____ agricultura/granja _____ ganado/vacas/caballos/chivos _____ gallinas _____ pesca _____ granja lechera _____ vivero de plantas _____ tratamiento/fabrica Si usted contestó "Sí," en las preguntas anteriores, un representante del distrito escolar quizás se vaya a comunicar con usted para averiguar si su niño/a califica para servicios educativos adicionales. Favor de completar la siguiente información:	
Nombre de su Niño/a: _____ Edad _____ Grado _____	
Fecha de nacimiento: _____	
Dirección: _____	
Nombre del Padre/Guardián: _____ Número de teléfono: _____	

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Please fax to Region 9 ESC if questions 1 & 2 have been answered "yes" 940-767-3836

HENRIETTA INDEPENDENT SCHOOL DISTRICT
Henrietta High School

HOME LANGUAGE SURVEY
(19 TAC Chapter 89, Subchapter BB §89.1215)

TO BE COMPLETED BY PARENT OR GUARDIAN (OR STUDENT IF GRADES 9-12): The state of Texas requires that the following information be completed for each student that enrolls for the first time in Texas public schools. This survey shall be kept in each student's record folder.

Name of Student _____ Student ID# _____

Address _____ Telephone # _____

1. What language is spoken in your home most of the time? _____

2. What language does your child speak most of the time? _____

Signature of Parent/Guardian Date

Signature of Student if Grades 9-12 Date

Cuestionario del idioma que se habla en el hogar

DEBE DE COMPLETARSE POR EL PADRE/MADRE/O REPRESENTANTE LEGAL: (O POR EL ESTUDIANTE SI ESTA EN LOS GRADOS 9-12): El estado de Texas requiere que la siguiente información se complete para cada estudiante que se matricula por primera vez en una escuela pública de Texas. Este cuestionario se archivará en el expediente del estudiante.

Nombre Del Estudiante _____ #ID _____

Direccion _____ Telefono _____

1. ¿Qué idioma se habla en su hogar la mayoría del tiempo? _____

2. ¿Qué idioma habla su hijo/a la mayoría del tiempo? _____

Firma del Padre/Madre/ o Representante Legal Fecha

Firma del estudiante si está en los grados 9-12 Fecha

Date received by campus: _____

Welcome to the Nurse's Office!
Jeanette Holding, RN

Healthy Children are Prepared to Learn

The goal of the school health clinic is to promote and maintain maximum individual pupil health status. I am available to assist students with illness and injury related problems. In addition to these primary services, I conduct health screenings, assist students and families with referrals for medical services, follow-up, and act as a health education resource person for students and staff.

Medication

For the protection of all students, there are some strict rules regarding medication to be given at school.

1. **The Henrietta schools do not have a stock supply of Tylenol.** A parent/guardian must provide the medication their child is to receive at school.
2. **Over-The-Counter Medications** may be given only after a Non-Prescription Medication Authorization Form is completed and signed by the parent/guardian. Over-the-counter medication must be received in the original container. Appropriate dosage for age as stated on the label will be dispensed.
3. **Prescription Medications** may be given only if a Medication/Treatment Request Form is completed and signed by the physician and parent/guardian. Prescription medications must be brought to school in a pharmacy-labeled bottle that contains the child's name, name of medication, physician's name and instructions for use. You may ask your pharmacist for a second, properly labeled bottle to keep at school. This is especially important with liquid medications that have to be refrigerated like antibiotics.
4. We recommend that all medication be brought to school by a parent/guardian. **For the protection of all students, no medication will be sent home with a student.**
5. Medications brought to school and not meeting necessary requirements will not be dispensed and will be locked in the office until a parent/guardian verifies the medication, signs the proper form or takes it home.

ILLNESS AT SCHOOL

Children with fever (100 degrees Fahrenheit or higher), or any condition that presents with fever, should be excluded from school until they are fever free for 24 hours without the use of fever suppressing medications.

The nurse has the responsibility if she suspects a contagious health condition to request that the child be picked up by the parent or guardian and examined by a physician for diagnosis and treatment. In the event of a contagious illness, please notify the school upon confirmation of diagnosis.

IMMUNIZATIONS

TEXAS STATE LAW states that children must have immunization (shot) information on file at school. It is the responsibility of the parent/guardian to furnish the school with the official immunization record which includes the month, day, and year of each immunization. If the student's immunizations are not complete or up to date, the student may be excluded from attendance until the needed immunization is received.

Healthy Children Are Prepared To Learn

Physically and emotionally healthy students are better able to take advantage of their learning opportunities.



REQUEST FOR FOOD ALLERGY INFORMATION

Dear Parent:

This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"Severe food allergy" means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as how your child reacts when exposed to the food that is listed.

No information to report.

Food	Nature of Allergic Reaction to Food	Life-Threatening?

TO REQUEST A SPECIAL DIET, MODIFICATION OF A MEAL PLAN OR PROVIDE OTHER INFORMATION FROM YOUR DOCTOR ABOUT YOUR CHILD'S FOOD ALLERGY, YOU MUST CONTACT THE SCHOOL NURSE OR SCHOOL ADMINSTRATOR WHERE YOUR CHILD ATTENDS SCHOOL.

The District will maintain the confidentiality of the information provided above and may disclose the information to teachers, school counselors, school nurses, and other appropriate school personnel only within the limitations of the Family Educational Rights and Privacy Act and District policy.

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Name: _____

Work Phone: _____ Mobile Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

Date form received by Campus: _____

This document is to be maintained in the Student's Cumulative Folder

Henrietta Independent School District

Health Inventory Form

** Please contact the school nurse to update this information as needed.

Dear Parent/Guardian:

Please return the completed form to the school office. The information given will enable the school staff to have a better understanding of the health status of your child.

Student Name:	Birth Date:	Sex:
Address:	Grade:	Teacher:
Medication Allergies:		Food/Environmental Allergies:

Medical History: (Please check all that apply, and give the date of initial diagnosis.)

<u>Behavior Problems:</u>	<u>Communicable Diseases:</u>	<u>Eyes/Ears/Nose/Throat:</u>	<u>Orthopedic:</u>
ADD/ADHD	Chicken Pox	Blindness	Kyphosis (Hump Back)
Depression	Date _____	Cataracts	Lordosis (Sway Back)
<u>Brain:</u>	TB – Contact	Cochlear Implant	Muscular Dystrophy
Cerebral Palsy	Others not listed: _____	Detached Retina	Scoliosis
Seizure Disorder	_____	Hearing Aid(s)	Arthritis
<u>Cardiac/Vascular:</u>	_____	Hearing Loss	Fractures
Anemia	_____	Strabismus	<u>Other:</u>
Heart Disease	<u>Gastrointestinal:</u>	Glaucoma	Kidney Disease
Hemophilia	Bowel "problems"	<u>Respiratory:</u>	Lupus
Hypertension	_____	Asthma	Diabetes
Leukemia	Colitis	Cystic Fibrosis	Insulin Pump
Rheumatic Fever	Crohn's Disease	Allergy – Severe	
Sickle Cell Trait	Hepatitis – Type _____	Allergy - Seasonal	
Sickle Cell Disease	Irritable Bowel Syndrome		
<u>Cancer: (Type)</u>	<u>Surgery: (Type)</u>	<u>Serious Accident:</u> _____	

Is your child currently receiving medical care? Yes or No. If yes, for what reason?

Is your child currently on any medication(s)? Yes or No. If yes, please list.

Signature of Parent/Guardian _____ Date: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Signature of Parent/Guardian _____ Date: _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

IN THE EVENT THAT THE PARENT/GUARDIAN CANNOT BE REACHED, CALL:

Name:	Relationship:	Home Phone:
		Work Phone:
Name:	Relationship	Home Phone:
		Work Phone:
Student Physician:		Office Phone:
Student Dentist:		Office Phone:

Contracting Entity Name, 2018-2019 Multi-Child Application for Free and Reduced-Price School Meals

Complete one application per household. Please use a pen (not a pencil). Apply online at <http://www.abctefgh.edu>

This Box for School Use Only.
Date Withdrawn:

Step 1: Definition of Household Member: anyone who is living with you and shares income and expenses, even if not related. Children in Foster care; children who meet the definition of Homeless, Migrant, or Runaway or who participate in Head Start are eligible for free meals. Please read the directions for more information.

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12. If more spaces are needed, use the Additional Names section on the back.

List each child's name.	First Name	MI	Last Name	Student Attends School in District?		Grade	Optional: Student ID Number	Check all that apply					
				Yes	No			Foster	Head Start	Homeless	Migrant	Runaway	
1.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.				<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Participation in a Categorical Program

- If every child listed in Step 1 is a participant any one of the following programs—Foster, Head Start, Homeless, Migrant, or Runaway, skip Step 2 and complete Step 3.
- SNAP, TANF, or FDPIR: Do any Household Members (including you) currently participate in SNAP, TANF, and/or FDPIR? If No, complete Steps 2 and 3. If Yes to SNAP/TANF > Write the Eligibility Determination Group (EDG) number in this space _____, skip Step 2, and complete Step 3. If Yes to FDPIR, check this box skip Step 2, and complete Step 3.

Step 2: Please read the directions for more information for the following questions.

Report income for ALL Household Members (Skip this step if you entered an EDG number or checked the box to indicate participation in FDPIR in Step 1).

- A. Total Household Members (Children & Adults)** _____
- B. Last Four Digits of Social Security Number (SSN) of an Adult Household Member:** XXX-XX ____-____ Check if no SSN
- C. Income for Adult Household Members (Include Yourself, But Not Children.** If more spaces are needed, use the Additional Names section on the back.)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total income (without deductions) for each source in whole dollars only. Indicate the frequency of income: W=Weekly, E=Every 2 Weeks, T=Twice per Month, M=Monthly, A=Annually. If they do not receive income from any source, write '0.' If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings\$ (Enter Amount)	Public Assistance/Child Support/Alimony (Enter Amount)		Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)		All Other (Enter Amount)	Frequency (Circle One)	Frequency (Circle One)
		Frequency (Circle One)	Frequency (Circle One)	Frequency (Circle One)	Frequency (Circle One)			
1. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
2. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A
3. \$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A	W-E-T-M-A

D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household. If more spaces are needed, use the Additional Names section on the back.)

Record combined total income by frequency for all children listed in Step 1.	Every 2 Weeks		Twice per Month		Monthly		Annually
	Weekly	Weekly	Weekly	Weekly	Monthly	Monthly	
1.	\$	\$	\$	\$	\$	\$	\$
2.	\$	\$	\$	\$	\$	\$	\$
3.	\$	\$	\$	\$	\$	\$	\$

Step 3: Please read the directions for more information on signing this form.

Provide Contact Information and Adult Signature. Return this application to insert mailing address, fax number, email, and/or return to your child's school. I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Street Address/Apt # _____ City _____ State _____ Zip _____ Daytime Phone and Email (Optional) _____

Printed Name of Adult Household Member Signing the Form _____ Signature of Adult Household Member Signing the Form _____ Today's Date _____

Step 1: Additional Names

A. List ALL Household Members Who Are Infants, Children, and Students up to and Including Grade 12.

List each child's name.

Student Attends School in District?

Optional: Student ID Number

Check all that apply.

First Name	MI	Last Name	Grade	Yes	No	Foster	Head Start	Homeless	Migrant	Runaway
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2: Additional Names

C. Income for Adult Household Members (Include Yourself, But Not Children)

Adult's First/Last Name (Do not include the income of children in this section. The income of children goes in 2D.)	Work Earnings (Enter Amount)	Public Assistance/Child Support/Alimony (Enter Amount)	Frequency (Circle One)	Pensions/Retirement/Social Security/Supplemental Security Income (Enter Amount)	Frequency (Circle One)	All Other (Enter Amount)	Frequency (Circle One)
4. \$	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
5. \$	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A
6. \$	\$	\$	W-E-T-M-A	\$	W-E-T-M-A	\$	W-E-T-M-A

Record combined total income by frequency for all children listed in Step 1.	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
4.	\$	\$	\$	\$	\$
5.	\$	\$	\$	\$	\$
6.	\$	\$	\$	\$	\$

D. Income for Children in the Household (Do not include adult income. Do report any type of regular income for children in the household.)

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the **USDA Program Discrimination Complaint Form**, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do Not Fill Out This Part. This Is For School Use Only.

Income Determination: Multiple income frequencies must be converted to annual amounts and combined to determine household income. Do not convert if only one income frequency is provided by the household. If converting income to annual, round only the final number—Annual Income Conversion: Weekly x 52 | Every 2 Weeks x 26 | Twice a Month x 12 | Monthly x 12

Household Size: _____ Total Income: _____

Confirming Official's Signature/Date _____

Date Received: _____

Categorical Determination: Free Reduced Denied

Eligibility: Free Reduced Denied

Household Size: _____ Total Income: _____

Confirming Official's Signature/Date _____

Henrietta ISD | 2018-2019

- Staff Development
- Six Weeks
- Begins/Ends
- Holiday
- Early Release
- Comp Time
- Staff Dvpmt/Bad
- Weather Day
- Bad Weather Day

JULY 2018						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

- 1-4 Christmas Holiday
- 4 Comp Time
- 7 Staff Development
- 8 Second Semester Begins
- 8 Fourth Six Weeks Begins
- 21 MLK Day
- 21 Stf Dvpmt/B Weat

JANUARY 2019						
S	M	T	W	Th	F	S
		H	H	H	C	5
6	S	B	9	10	11	12
13	14	15	16	17	18	19
20	SB	22	23	24	25	26
27	28	29	30	31		

AUGUST 2018						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	S	S	S	11
12	S	S	S	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

- 8-15 Staff Development
- 16 First Day of Classes

- 15 Fourth Six Weeks Ends
- 18 Presidents' Day
- 18 Staff Development
- 19 Fifth Six Weeks Begins

FEBRUARY 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	S	19	20	21	22	23
24	25	26	27	28		

SEPTEMBER 2018						
S	M	T	W	Th	F	S
						1
2	H	4	5	6	7	8
9	10	11	12	ER	C	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

- 3 Labor Day Holiday
- 13 Pioneer Reunion, Early Release, 1:00 pm
- 14 Pioneer Reunion, Comp Time
- 28 First Six Weeks Ends

- 8 Stf Dvpmt/B Weat
- 11-15 Spring Break
- 29 Bad Weather Day

MARCH 2019						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	SB	9
10	H	H	H	H	H	16
17	18	19	20	21	22	23
24	25	26	27	28		30
31						

OCTOBER 2018						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	S	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

- 1 Sec Six Wks Begins
- 8 Columbus Day
- 8 Staff Development

- 12 Fifth Six Weeks Ends
- 15 Sixth Six Weeks Begins
- 19 Good Friday Holiday
- 21 Easter Sunday
- 22 Bad Weather Day

APRIL 2019						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	H	20
21		23	24	25	26	27
28	29	30				

NOVEMBER 2018						
S	M	T	W	Th	F	S
				1	2	3
4	S	6	7	8	9	10
11	12	13	14	15	16	17
18	C	C	H	H	H	24
25	26	27	28	29	30	

- 2 Sec Six Weeks Ends
- 5 Staff Development
- 6 Third Six Wks Begins
- 11 Veterans' Day
- 19-20 Thanksgiving Holiday, Comp
- 21-23 Thanksgiving Holiday
- 22 Thanksgiving

- 23 Early Release, 1:00 pm
- 23 Sixth Six Weeks Ends
- 23 Second Semester Ends
- 24 Staff Development
- 25 HHS Graduation, 3:00 pm

MAY 2019						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	ER	S	25
26	27	28	29	30	31	

DECEMBER 2018						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	ER	22
23	H	H	H	H	H	29
30	H					

- 21 Early Release, 1:00 pm
- 21 Third Six Weeks Ends
- 21 First Semester Ends
- 22-31 Christmas Holiday
- 25 Christmas Day



JUNE 2019						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						



Henrietta High School

Bell Schedule

2018-2019



Regular Schedule

"0" Period	7:05 AM	7:51 AM
1st Period	7:55 AM	8:46 AM
2nd Period	8:51 AM	9:37 AM
Break	9:37 AM	9:46 AM
3rd Period	9:51 AM	10:37 AM
4th Period	10:42 AM	11:28 AM
5th Period	11:33 AM	12:19 PM
Lunch	12:19 PM	12:59 PM
6th Period	1:04 PM	1:50 PM
7th Period	1:55 PM	2:41 PM
8th Period	2:46 PM	3:32 PM

Early Release Schedule

"0" Period	7:05 AM	7:51 AM
1st Period	7:55 AM	8:25 AM
2nd Period	8:30 AM	9:00 AM
3rd Period	9:05 AM	9:35 AM
4th Period	9:40 AM	10:10 AM
5th Period	10:15 AM	10:45 AM
6th Period	10:50 AM	11:20 AM
7th Period	11:25 AM	11:55 AM
8th Period	12:00 PM	12:30 PM
Lunch	12:30 PM	1:00 PM

Pep Rally Schedule

"0" Period	7:05 AM	7:51 AM
1st Period	7:55 AM	8:39 PM
2nd Period	8:45 PM	9:28 PM
Break	9:28 AM	9:38 AM
3rd Period	9:43 AM	10:27 AM
4th Period	10:32 AM	11:16 AM
5th Period	11:21 AM	12:05 PM
Lunch	12:05 PM	12:45 PM
6th Period	12:50 PM	1:29 PM
7th Period	1:34 PM	2:18 PM
8th Period	2:23 PM	3:07 PM
Pep Rally	3:07 PM	3:32 PM

Late Arrival Schedule

"0" Period	No Class	
1st Period	10:00 AM	10:33 AM
2nd Period	10:38 AM	11:11 AM
3rd Period	11:16 AM	11:49 AM
4th Period	11:54 AM	12:27 PM
Lunch	12:27 PM	12:57 PM
5th Period	1:02 PM	1:35 PM
6th Period	1:40 PM	2:13 PM
7th Period	2:18 PM	2:51 PM
8th Period	2:56 PM	3:32 PM